

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003615

FILED
May 01, 2012
Secretary of State

Entity Name: FLORIDA ORGANIZATION OF NURSE EXECUTIVES, INC.

Current Principal Place of Business:

1235 E. CONCORD ST.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 533992
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-3225578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVAL, YVONNE
1235 E. CONCORD ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD
Name: MAUCK, JAN
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PED
Name: GONZALEZ, JACKIE
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PD
Name: HARRIS, DENISE
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: SD
Name: CELANO, PATRICIA
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: TD
Name: SEELEY, STEVE
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: EAD
Name: DOVAL, YVONNE M
Address: 1235 E CONCORD ST
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YVONNE M DOVAL

EAD

05/01/2012

Electronic Signature of Signing Officer or Director

Date